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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 6	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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TITLE

Method to assist identification of a defective functional unit in a technical system

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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